

**Hamlin Tool & Machine, Inc.**  
1671 East Hamlin Rd

Rochester, MI 48307

**REMIT TO:**  
**Hamlin Tool & Machine Company**  
1671 East Hamlin Rd

<b>INVOICE NUMBER</b>
SID 064413

Rochester, MI 48307

S GMC1200  
 O DELPHI SAGINAW  
 L  
 D NAO DISBURSEMENTS  
     INVOICELESS SUPERVISOR  
     PONTIAC, MI 48343-6040  
 T United States  
 O

S 05  
 H DELPHI S PLANT 5 FWD AXLES  
 I  
 P 3900 EAST HOLLAND RD.  
     CISCO: 44025 SAP#K905  
     SAGINAW, MI 48601  
 T United States  
 O

SUPPLIER CODE		TERMS		P.O.B.		INVOICE DATE	
SHIP DATE	SHIPPER NO.	SHIPPED VIA		GROSS	TARE	NET	
09/21/05	064413	BAX GLOBAL		93	21	90	
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION		QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT	
SAG90J0236	07834482 RETAINER, GREASE INTERNAL #: 1159		6,000	EA	.0535	\$321.00	
						\$0.00	
					Subtotal	\$321.00	
					Sales Tax	\$0.00	
					Freight Charges	\$0.00	
					Invoice Total	\$321.00	
					Disc Available		
					Funds: USD	\$0.00	



1671 East Hamlin Road  
Rochester, Michigan 48303  
Phone: 248-651-6302  
Fax: 248-65-0703  
DUNS #057015273

<b>INVOICE NO./ PACKING SLIP NO.</b>	<b>64413</b>
<b>DATE</b>	<b>09/20/05</b>

1200  
GMACG-DELPHI SAGINAW  
NAO DISBURSEMENTS  
INVOICELESS SUPERVISOR  
P.O. BOX 436040  
PONTIAC, MI 483436040

LIER NO 51815273 SHIPPED VIA AIR

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of the regulations and orders of the United States Department of Labor issued under Section 14 thereof.

NUMERICAL FILE COPY



**1-800-CALL-BAX**  
FOR INFORMATION OR THE  
BAX OFFICE NEAREST YOU

**701 725 371**

AIRBILL  
NUMBER

CONSIGNEE'S REFERENCE NO.

SHIPPER'S ACCOUNT NO.

COMPANY

FROM (YOUR NAME)

TO (CONSIGNEE NAME)

STREET ADDRESS

CITY

STATE

ZIP (REQUIRED)

PHONE NO.

DEPT/FLOOR

COMPANY

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ZIP (REQUIRED)

PHONE NO.

DEPT/FLOOR

COMPANY

TO (CONSIGNEE NAME)

STREET ADDRESS

CARRIER: BAX GLOBAL

Pg 4 of 4  
BAXGCARRIER'S NO.:  
SHIPPER'S NO.:

From HAMLIN TOOL AND MACHINE COMPANY, INC.

At ROCHESTER, MICHIGAN 48307

D-U-N-S #057015273

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment; or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to DELPHI S PLANT 5 FWD AXLES  
3900 HOLLAND RD.  
CISCO: 44025 SAP#: K905

(Mail or street address of consignee — For purposes of notification only)

SAGINAW, MI 48601

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	* WEIGHT (SUBJECT TO CORRECTION)	CLASS RATE OR	CHECK COL.
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Supplier# 057015273 SID #

3 PCS71 CARTON	64413	90 NET WT.
		3 TARE WT.
		93 GROSS WT.

DELPHI S PLANT 5 FWD AXLES

===== T O T A L S =====  
90 TOT NET      3 TOT TAR      93 TOT GRS

PCS71-3

CLASS RATE: 50 AUTOMOTIVE METAL PARTS  
3RD PARTY COLLECT  
BILL: DELPHI S, 44025 SAGINAW MI c/o  
DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#: 60149  
ShipTime: 9/20/05  
R/B GREAT BAY  
4:5 pm.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	If charges are to be prepaid, write or stamp here, "To be Prepaid".	Received \$ _____ to apply in prepayment of the charges on the property described herein.  Agent or Cashier _____  Per _____ (The signature here acknowledges only the amount prepaid.)	Received \$ _____ to apply in prepayment of the charges on the property described hereon.  Agent or Cashier _____  Per _____ (The signature here acknowledges only the amounts prepaid.)	Charges advanced:  \$ _____	C.O.D. SHIPMENT  C.O.D. AMT _____ Collection Fee _____ Total Charges _____
<small>f This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations of the Interstate Commerce Commission. † If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight. NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property per The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____.</small>				THIS SHIPMENT IS CORRECTLY DESCRIBED  CORRECT WEIGHT IS _____ LBS	
t The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.					

HAMLIN  
TOOL AND MACHINE COMPANY, INC.  
1671 EAST HAMLIN ROAD  
ROCHESTER, MICHIGAN 48307

Shipper, Per \_\_\_\_\_ Agent, Per \_\_\_\_\_

Permanent post office address of shipper

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